

CLINICAL AUDIOMETRIC TEST BOOTH CERTIFICATION

Command Owning Booth: _____

Survey Date: _____

Booth Location: _____

Significant Operating Conditions: _____

OBA/SLM Data	Microphone Data	Octave Band Filter	Calibrator Data
Manufacturer:	Manufacturer:	Manufacturer:	Manufacturer:
Model #:	Model #:	Model #:	Model #:
Serial #:	Serial #:	Serial #:	Serial #:
Cal Date:	Cal Date:	Cal Date:	Cal Date:

Field Pre-Cal OK? ☐ Yes ☐ No Field Post-Cal OK? ☐ Yes ☐ No

Field Measurements

NOTE: Max permissible ambient noise levels per ANSI S3.1 (1999), Ears Not Covered

Octave Band Center Frequency (Hz)	Max SPL for All Tests (dB)	Octave Band SPL Inside Booth (dB)
125	35.0	Exterior dBA:
250	21.0	Exterior dBC:
500	16.0	
1000	13.0	
2000	14.0	
4000	11.0	
8000	14.0	

This booth ☐ **Is** ☐ **Is Not** certified for audiometric testing (Check one)

Comments: _____

Printed Name/Qualification of Certifier _____

Signature of Certifier _____

Certifier's Command: _____ Date: _____